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GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

W E E K L Y    B U L L E T I N

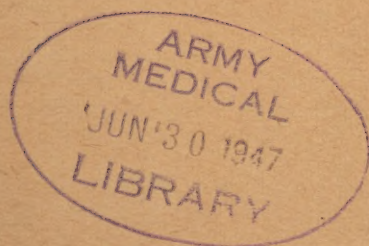
For Period

8 June - 14 June

1947

Number 24

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SECTION I

WELFARE DIVISION

Public Assistance Report (Medical) Oct 1946 - Mar 1947\*

	No. Persons Treated	Patient Days	Total Cost	Average per Case
Delivery Assistance	10,138	10,910	¥495,475	74.97
Medical Treatment	240,272	7,525,519	56,425,410	234.83

\*Corrected report submitted by Welfare Ministry. (This is a quarterly report. These figures are not included in the monthly public assistance report.)

Red Cross

Tentative plans have been completed by which the American National Red Cross will turn over to the Japanese Red Cross 40,000,000 sheets of surplus paper for use in the publication of a Junior Red Cross Handbook for Teachers, and for use by the CI&E Section in the publication of a Social Studies Supplement for primary schools.

Preparations are being made for the inauguration of an adult course in Home Nursing to be conducted by the Prefectural Chapters of the Japanese Red Cross. A group of graduate nurses are being called into National Red Cross Headquarters for the purpose of developing an Instructor's Course. On the completion of the Instructor's Course, the nurses will conduct Instructor's Courses in regional centers and supervise the development of Home Nursing Instruction courses within their areas. The course will follow, so far as applicable, the American Red Cross Course in Home Nursing.

SECTION II

VETERINARY AFFAIRS DIVISION

Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following outbreaks of disease during the period 7 - 10 June 1947:

<u>Prefecture</u>	<u>Disease</u>	<u>Number of Cases</u>
Shizouka	Swine Erysipelas	2
Aichi	Swine Erysipelas	1
Toyama	Swine Erysipelas	1
Kumamoto	Texas Fever	16

Field Trip

A representative of Veterinary Affairs Division, PH&W, GHQ, SCAP surveyed Japanese veterinary conditions in Nagano Prefecture during the period 10 - 14 June 1947. Animal disease control measures and meat and dairy inspection activities were found to be functioning in a satisfactory manner under the guidance of Military Government Officials.

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SECTION III

DENTAL AFFAIRS DIVISION

Sixteen displaced dentists were re-established in practice during the month ending May 15.

SECTION IV

NURSING AFFAIRS DIVISION

Education

Curriculum committee was set up by the Welfare Ministry to meet and discuss the National Curriculums for Midwifery, Clinical Nursing, Practical Nursing and Public Health Nursing Courses. There have been two meetings to date of this group.

Personnel

Miss J. Kaser, (P.H.N.) has been assigned to PH&W, GHQ, SCAP, and will supervise the program of the National Public Health Nurses which is being held at the Institute in Tokyo.

SECTION V

SUPPLY DIVISION

Distribution

Several informal requests have been received from the Military Government agencies in the field for the assignment of motor vehicles for temporary periods to carry out special projects. Problems of this nature will have to be settled by pooling vehicles available in prefectures for medical and sanitary use. Although the surplus U. S. Army vehicles allocated to the Welfare Ministry have been assigned to specific agencies, it is the intention of the ministry that these vehicles be pooled, under supervision of the prefectural health officer, to carry out special projects. If an agreement cannot be reached at the prefectural level, request should be made to the Ministry of Welfare, attention: General Affairs Section, for assistance in coordinating the particular problem at hand.

The distribution of pyrethrum emulsion and spraying equipment has reached the point where no difficulty should be experienced, from the supply standpoint, in initiating and carrying out insect and rodent control programs. Sufficient DDT also is available in the hands of regional wholesalers and may be secured by the various prefectures upon direct application to the Welfare Ministry, attention: Pharmaceutical Affairs Section. Concerning pyrethrum emulsion and spraying equipment, attention is invited to the fact that these materials have been manufactured without financial assistance from the Central Government and that manufacturers will sell to prefectures on a commercial basis. Prompt payment for the items will insure success of future programs. Under present fiscal policies, prefectures may expect subsequent reimbursement from the National Treasury in varying percentages averaging approximately thirty percent for the various commodities.

Shipments of both pyrethrum emulsion and spraying equipment to the prefectures have continued. The Welfare Ministry has shipped 1,274 fifty-gallon drums of pyrethrum emulsion, and the following equipment, in addition to the quantities reported in previous issues of this Bulletin:

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DDT Duster	13,339
Knapsack type Sprayer	3,188
Semi-automatic Sprayer	3,490
Hand Sprayer	1,296

Shipments by prefectures follow (as of 11 June 1947):

Pyrethrum Emulsion:

<u>Prefecture</u>	<u>Quantity 50-gal. Drum</u>
Yamagata	59
Fukushima	43
Tochigi	45
Tokyo	240
Kanagawa	130
Yamanashi	34
Nagano	50
Gifu	45
Kyoto	70
Osaka	227
Hyogo	75
Hiroshima	40
Fukuoka	91
Miyazaki	61
Kagoshima	64
Total	1,274

Equipment:

<u>Prefecture</u>	<u>DDT Duster</u>	<u>Knapsack Sprayer</u>	<u>Semi-automatic Sprayer</u>	<u>Hand Sprayer</u>
Tokyo	9,339	1,688	1,990	
Kanagawa	4,000			1,296
Osaka		1,500	1,000	
Hyogo			500	
Totals	13,339	3,188	3,490	1,296

Production

In developing a production plan for anthelmintic drugs, it was found the low price that has been set for Artemisia Mibu was one of the limiting factors. The price of ¥10 per kilogram is not comparable to similar products, and as a result, farmers are not particularly interested in cultivating the plant. Recommendations have been submitted for an increase in present fixed prices.

Production of DDT dusters and spraying equipment continued according to plan. Increases in production for the manufacturing period of 2 - 7 June were made with actual production accomplished as follows:

DDT Dusters	1,000
Sprayer; knapsack type, 3 gallon	600
Sprayer, pump type, semi-automatic	400

The following releases of DDT products and typhus vaccine were approved by Welfare Ministry during period 9 - 14 June:

<u>Prefecture</u>	<u>10% DDT Dust</u>	<u>5% DDT Residual Effect Spray</u>	<u>Typhus Vaccine</u>
Akita	13,000 lbs.		
Tochigi	25,000 lbs.		
Miyagi			250 vials
Aichi			600 vials



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Yamaguchi	5,044 lbs.	1,325 gals.	1,267 vials
Toyama	10,000 lbs.		
Yamanashi		6,000 gals.	
Maizuru Quar.Sta.		1,300 gals.	
Kagawa	10,000 lbs.	5,000 gals.	
Totals	63,044 lbs.	13,625 gals.	2,117 vials

#### Narcotics

The sentencing of a black-market operator in a Japanese district court to 3 years 6 months penal servitude highlighted the progress made in narcotic enforcement in Japan. The trafficker was apprehended as a result of his pickpocketing ¥900 from a tram-car passenger. In the course of the investigation, 10 grams of morphine and 25 grams of codeine were found in his possession. Formerly no notice would have been taken of the narcotics, but in the present instance the case was reported as a narcotic violation.

Memorandum #PHMJG-27, 13 June 1947, was issued to the Narcotic Section, Ministry of Welfare, stating there is no objection to the request for release of all former Japanese military medicinal narcotics with the exception of powdered morphine, cocaine, medicinal opium and Narcopon. Narcotic reports and accounting procedures have reached such a satisfactory level that all of the remaining Japanese military medicinal narcotics may be released at an early date.

The Ministry of Transportation, Ministry of Welfare, Tokyo station masters and Tokyo police assigned to the large railway stations, agreed to furnish rapid and safe conduct to trains to any courier of a sizable quantity of narcotics. These couriers will be properly identified through liaison with officials of the Ministries of Transportation and Welfare.

A request was received that certain narcotics be released to the Sanitation Bureau of a prefectural government for sale. There is no provision in the narcotic regulation for any government agency to deal in narcotics. Sales may be made only by registered compounders and producers and wholesalers. The Ministry of Welfare was advised to inform all prefectures their sole responsibility under the narcotic regulation is to supervise and inspect narcotic transactions and to investigate narcotic violations.

#### SECTION VI

#### PREVENTIVE MEDICINE DIVISION

#### Ekiri

The Ekiri Commission composed of Dr. Katharine Dodd, who will carry out the clinical and epidemiological studies; Dr. John Buddingh, who will do the bacteriological, virological and pathological work; and Dr. Samuel Rapaport, who will carry out the biochemical studies, arrived on 8 June 1947. This project will be under the auspices of the newly dedicated National Institute of Health in Tokyo. On 9 June, the Commission conferred with Drs. Kobayashi and Kojima and arrangements were made for a meeting with the Pediatricians and the chiefs of the isolation hospitals in Tokyo. Bed space for patients with diarrhea including "ekiri", will be made available at the Institute and in other hospitals.

The most important immediate problem is the differentiation of "ekiri" from dysentery and other forms of diarrhea. In order to do this, they must become intimately acquainted with the clinical aspects of acute diarrheal disease in Japan. Therefore, it is essential that the Commission be immediately notified of cases of severe diarrhea, dysentery and "ekiri".



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Military government health officers are requested to communicate with the Preventive Medicine Division of Public Health and Welfare Section, GHQ, SCAP, by telephone as soon as cases are discovered.

### Sanitation Regulations

The Japanese have been cognizant of the importance of environmental sanitation and have in existence adequate laws to cover the prevention of nuisances. The basic law controlling the actions of the individual and the community is the "Law for the removal of foul matter" passed in 1900.

The following extract contains the main points of this law:

#### "Summary of Law for Removal of Foul Matters

1. Foul matter is defined as rubbish, ashes, mud, foul water and night soil
2. Occupant of premises is primarily responsible for removal of foul matter. He must provide adequate receptacles, and maintain adequate gutter for its removal.
3. Cities shall provide for central collection of foul matter collected by private individuals. It shall also construct and maintain public gutters to lead off foul matter from private premises. City shall determine method of accomplishing above, and secure approval of local governor.
4. Cities shall appoint inspectors to enforce removal of foul matter. They have right of entry during daylight hours for purposes of inspection. Violators of law are to be given written notice of failure to comply and thereafter are subject to imprisonment (10 days) and fine for continued violation of instructions of inspectors.
5. Where private persons do not make required repairs, or do not construct necessary facilities, the city may do so, and collect cost from private persons in same manner as delinquent taxes are collected."

Law may be cited as follows:

Law No. 31, 1900--Law for Removal of Foul Matter.

Home Ministry Ordinance No. 5, 1900 Regulations to Enforcement of the Law for Removal of Foul Matter.

### Virus & Rickettsial Disease Control

Comparative Score 1 January to 13 June.

1946	30,016
1947	931

### Scrub Typhus Vaccination

About 2000 persons were given 1 cc booster doses of tsutsugamushi vaccine in selected endemic areas of Niigata. This is a continuation of the program to evaluate the new vaccine and to control scrub typhus in endemic areas.

### Tuberculosis Control

The first step in the SCAP program in the control for tuberculosis was the return of patients, with the opening of the National Sanatorium from their homes to which they had gone because of inadequacy of the hospitals diets.

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Available food in Japanese supplemental ration was obtained upon a joint order of the Ministries of Welfare and Agriculture. By 15 April 1947, 43 of the 46 prefectures had increased their staple rations by an average of 130 grams.

The available reports were as of April 1947 and showed a slight increase in the number of cases which were hospitalized.

Because of the shortage of food, it is difficult to maintain a steady flow and this will require a monthly check to determine its maintenance.

## SECTION VII

### SOCIAL SECURITY DIVISION

#### Unemployment Insurance

The first of a series of meetings was held with representatives of the Labor Division, ESS, GHQ, SCAP, to formulate basic SCAP policies with respect to the Japanese unemployment compensation program. General agreement was reached relative to the following:

1. Early adoption of an unemployment compensation system should be encouraged.
2. One integrated system should be established though different eligibility and payment procedures may be evolved for the various categories of covered workers.
3. The choice of the method of payment, whether by check or cash, should be left to the discretion of the Japanese.
4. The Japanese will be encouraged to increase the payment in excess of their proposed limitation of sixty percent of the weekly wages and to include all remuneration in determining the weekly wage.

#### Seamen's Insurance

The series of conferences held with Japanese officials relative to proposed amendments to the Seamen's Insurance law were completed. The following major changes were suggested by this office and adopted by the Japanese:

1. A representative Seamen's Insurance Advisory Committee is to be established.
2. In determining the basic wage used in computing the amount of benefits, the higher of the two amounts, the average basic monthly wage over the entire insured period or the average monthly wage for the three months immediately preceding disability, will be used.
3. The minimum coverage necessary to qualify for invalidity or retirement allowance has been reduced from three years to six months.
4. Benefit payments are to be paid even though accident results from contributory negligence of the worker.
5. Local appeal referees are to be provided with sufficient authority and direction to give the insured an opportunity for a fair hearing.

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6. The period to file a protest to a decision of the insurance office has been extended from thirty to sixty days.
7. Miscellaneous amendments to conform with SCAP directive to eliminate use of word "imperial" with respect to governmental matters and to conform with the new Constitution.

#### National Health Insurance

National Health Insurance was the subject of a press conference held with CI&E, GHQ, SCAP, and Japanese correspondents during the past week. It was emphasized at this conference that National Health Insurance is definitely in need of considerable rehabilitation and financial aid in order to prevent collapse of the program. National Health Insurance is an important part of the over-all social insurance program because of its effect on the economic stabilization of Japan. The following points were indicated as necessary for keeping the program alive and to increase its efficiency for the benefit of the Japanese people.

1. Substantial increase in the central government's subsidy.
2. A long term, low-interest loan from the Welfare Pension reserve fund.
3. Establishment of dispensaries or procure existing dispensaries, including those of the All-Japan Medical Treatment Corporation.
4. Coordination and standardization of all health insurance benefits of the various social insurance schemes with the view toward a unified system.

The possibility of achieving an immediate coordination and cooperation between the Health and National Health Insurance programs was clearly shown in a plan now operated by a factory in the vicinity of Tokyo. This factory had built a rather large hospital at the beginning of the war which now far exceeds its requirements. In order to utilize the facilities of the hospital, the National Health Insurance Associations of eight nearby towns and the Health Insurance Association of the factory have organized a cooperative association. The members come to this hospital for their treatments as out-patients as well as for their hospitalization needs, for which their respective Associations reimburse the hospital at the standard insurance rate. Each Association involved has elected representatives to a council which meets with representatives of the hospital and company in formulating the over-all policies.

#### SECTION VIII

##### MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for the period ending 25 April 1947 shows 3,181 hospitals with a capacity of 220,208 beds, 110,758 of which were occupied. During this same period 339,439 out-patients were treated.

Although the Japan Council on Medical Education has strongly advocated a three premedical course, the Japan Educational Reform Council has recommended only two years of preparation for medical schools.

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SECTION IX

VITAL STATISTICS DIVISION

On 11 June 1947, instructions were issued jointly by the Director of the Food Administration Board and the Director of the Bureau of Civil Affairs of the Justice Ministry, requiring the presentation of official evidence of birth registration when applying for rations for the new-born.

The local Koseki officials, on acceptance of a declaration of birth are required to certify, without charge, to the fact of the birth registration by placing their official seal on the ration application form or by issuing a separate certification blank.

No registrations for rations for the new-born shall be made without presentation of the certification of birth prepared by the local Koseki office.

These requirements will be of great benefit in increasing the completeness and promptness of birth registration, and at the same time assist the ration authorities in the issuance of rations only to persons entitled to receive them.

It was the previous practice of the local ration boards to require a certification by the attending physician or midwife.

SECTION X

CONSULTANTS

Nutrition

Data on the May 1947 Nutrition Survey are beginning to come in. The following prefectures and city have submitted reports on food consumption: Akita - Copper Mine, Fukushima - Coal Mine, Hiroshima, Gumma, Hyogo, Shizuoka, Okayama, Iwate, Saitama, Tochigi, Kanazawa and Kure City (Hiroshima). Areas reporting on physical examination are: Fukushima - Joban Coal Mine, Saga, Shizuoka, Okayama, Toyama, Iwate, Tochigi, Saitama, Gumma, and Hyogo.

SECTION XI

MEMORANDA TO JAPANESE GOVERNMENT

PHMJG-25 9 June 1947 Japanese B Encephalitis Vaccination Program in Okayama Prefecture, Japan.

*Crawford F. Sams*

CRAWFORD F. SAMS  
Colonel, Medical Corps  
Chief, Public Health and Welfare Section

1 Incl: Weekly Summary Report of Cases and Deaths from Communicable Disease in Japan, week ending 7 June 1947 w/digest.

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Supply - Distribution

Reference is made to Weekly Bulletin for period 4 May to 10 May 1947 (No. 19) announcing that the Japanese Government would assume responsibility for distribution of venereal disease supplies.

The Ministry of Health and Welfare notified prefectural officials concerning distribution of venereal disease supplies on 12 April 1947. A copy of the instructions issued by the Ministry of Health and Welfare is attached.

The following is a summary of the distribution system:

- a. The Welfare Ministry is responsible for production and distribution to designated wholesalers in each prefecture.
- b. Prefectural governors will be given advance notice of shipments to prefectures.
- c. The Ministry will continue to direct shipments to the present prefectural medicine distributing companies until such time as notice is received from the prefectural governor to the effect that other local wholesalers have been designated to receive shipments.
- d. After receipt by local wholesalers, distribution is to be handled in accordance with instructions of the prefectural health officers. Local wholesalers should not be authorized to sell these medicines except upon direct authority of the prefectural health officers.
- e. Financing is handled on a commercial basis. In those cases where free treatment is necessary, the entire cost must be borne initially by the prefecture. Under present plans the Welfare Ministry intends to reimburse prefectures for one-third of their expenditures.

It will be noted that the handling of venereal disease drugs after arrival in the prefecture is the complete responsibility of prefectural officials. The Welfare Ministry has placed no restrictions on the manner in which the drugs will be distributed nor upon the number of companies that may be designated by the prefectural governor to receive shipments from central wholesalers. The ministry has recommended that public clinics be given priority in allocations. Therefore, if Military Government Health Officers will exercise their prerogative in controlling the functions of Prefectural Health Officers, VD drugs can still be channelled to approved clinics as in the past.







WELFARE MINISTRY  
IMPERIAL JAPANESE GOVERNMENT

12 April 1947

Ref: IHATSU 302

TO : Every Prefectural Governor

FROM : Chief, Medical Affairs Bureau  
Chief, Disease Prevention Bureau

SUBJECT: Distribution of Medicine of Sexual Disease

The distribution of the medicine as mentioned above should be made as speedily and equitably as the other controlled medicines according to the following measure, in view of the current situation,

(1) Every prefectural government shall make the allocation of these medicines against hospitals and clinics, according to such equitable measures to secure the preventing policies from sexual disease as drawn up through conference with the two competent sections of pharmaceutical affairs and preventing sexual disease of the prefectural government.

(2) On reception of notification of the allocated amount from the Welfare Ministry, the prefectural government shall immediately decide beforehand the plan of the amount to be allotted against hospital and clinics in its district, without postponing the decision until the arrival of the said amount.

(3) As the Welfare Ministry makes the allocation against every prefecture on the basis of the number of the patients suffering from sexual disease, which the respective prefecture reports to the Ministry, every prefectural government should also make the allocation on the basis of the number of such patients which is reported to the government. On this allocation, the public clinics of sexual disease should be preferentially allotted.

(4) Regarding the medicines which are essential to treat not only sexual disease, but also the other, the Welfare Ministry is to notify to you the divided amount to be allotted for treatments of sexual disease and the other. But if you receive notification of the total amount without such division, you should equitably divide to distribute such amount between them, on conference with the two sections of pharmaceutical affairs and preventing sexual disease.

(5) The old wholesale agency will be temporarily designated as the local agency of the prefecture which receives the medicines, but if necessary, you may designate as the said receiving agency other local medicines distributing wholesale agency which you deem adequate.

In case you designate such wholesale agency, you should not only designate it according to the provision of Art. 11 of the Medicines and other Medical Supplies Control Ordinance, but its address and name to chief of the Pharmaceutical Affairs Section, Medical Bureau, Welfare Ministry.

(6) You may designate more than one receiving agency (including the old wholesale agency) according to the actual situation, but the allotted medicine will be delivered in a bundle to only one agency of them from the central control agency or central wholesale dealer.

(7) On arrival of the allotted amount from the central agency, the local receiving agency should report to the prefectural govern-



ment the fact of this arrival, and begin immediately to make the distribution according to the amount to be allocated which the government notifies to it beforehand.

This distribution should be supervised over strictly.



Digest of Weekly Summary Report of Communicable  
Diseases for the Week Ending 7 June 1947

Approximately 94 percent of the total number of cases (28,422) reported for the week ending 7 June 1947 were credited to: measles (9,405), tuberculosis (8,095), whooping cough (4,570), pneumonia (4,432), and influenza (80). Diphtheria cases (614), dysentery (398), typhoid fever (293), and malaria (253) accounted for 5 percent of the total number of cases.

Measles, tuberculosis, whooping cough, pneumonia, and influenza deaths were not available for the current week. A total of 149 deaths was reported for the remaining 12 communicable diseases included in this report. Dysentery deaths (47), diphtheria (34), typhoid fever (29), and epidemic meningitis (26) accounted for 91 percent of the total.

Diphtheria cases continued to decrease. The number of cases (614) reported for the current week was approximately 5 percent less than the number (647) reported for the previous week and more than 30 percent less than the number (891) reported for the corresponding week of 1946. There were 34 deaths in the current week compared with 35 in the preceding week. The current and cumulative case rates per 100,000 population per annum were 43.8 and 48.8 respectively. The corresponding death rates were 2.4 and 4.5.

Dysentery cases continued to show an increase from 358 previously to 398 in the current week. Deaths declined from 56 to 47. The current and cumulative case rates were 28.4 and 8.2 respectively. Corresponding death rates were 3.4 and 1.5.

Typhoid fever cases decreased nearly 13 percent from 336 cases in the previous week to 293 in the current week. Deaths declined from 38 to 29. The current case rate (20.9) was approximately 30 percent greater than the cumulative rate (15.9). The current and cumulative death rates were 2.1 and 2.0 respectively.

Paratyphoid cases increased slightly from 82 to 86. The number of cases for the current week is 60 percent less than the number (215) reported for the corresponding period of 1946. There were only 2 deaths reported compared with 9 in the previous week. The current and cumulative case rates were 6.1 and 4.0 respectively. Corresponding death rates were 0.1 and 0.2.

There was a decline in smallpox cases from 25 to 16. Wakayama Prefecture reported 4 cases and no other single prefecture reported more than 2 cases. Two deaths were reported in the current week. The current and cumulative case rates were both 1.1. The current and cumulative death rates were both 0.1.

Typhus fever cases (35) increased 75 percent from 20 in the preceding week. Deaths rose from 1 to 4. The current and cumulative case rates were almost the same, being 2.5 and 2.4 respectively. Corresponding death rates were 0.3 and 0.2.

Malaria cases increased slightly from 243 to 253. One death was reported. The current and cumulative case rates were 18.0 and 13.2 respectively. Corresponding death rates were 0.1 and 0.04.

For the third consecutive week there was a decline in scarlet fever cases. The current number of cases (72) was approximately 20 percent less than the number (91) reported in the preceding week. Deaths rose from 1 to 4. The current and cumulative case rates were 5.1 and 4.0. Corresponding death rates were 0.3 and 0.1.

Epidemic meningitis continued its general decline with a decrease in cases of nearly 23 percent from 93 to 72 currently. Deaths declined from 33 to 26 (21 percent). The current and cumulative case rates were 5.1 and 7.0 respectively. Corresponding death rates were 1.9 and 2.1.

One suspected case of Japanese B. Encephalitis was reported in Hiroshima Prefecture.

There continued to be no cholera or plague.

The current and cumulative number of cases reported for chancroid were 876 and 18,521 respectively; for gonorrhea 4,646 and 87,141; for syphilis 3,384 and 59,754.



SUMMARY REPORT OF CASES AND DEATHS FROM  
COMMUNICABLE DISEASES IN JAPAN FOR  
WEEK ENDING 7 JUNE 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	50	3	1426	172	9	1	152	29
AOMORI	18	-	219	21	5	-	27	6
IWATE	10	-	216	21	16	3	55	6
MIYAGI	20	-	270	10	8	1	32	3
AKITA	11	2	264	24	3	-	32	7
YAMAGATA	9	1	386	28	10	4	101	18
FUKUSHIMA	16	1	259	7	8	2	93	15
IBARAKI	11	1	293	29	6	2	84	27
TOCHIGI	21	-	357	27	7	-	59	16
GUMMA	2	-	170	35	8	-	69	10
SAITAMA	8	-	342	36	15	1	78	18
CHIBA	6	-	282	21	10	-	54	10
TOKYO	27	9	1045	177	45	6	310	70
KANAGAWA	NR	NR	317	23	NR	NR	70	14
NIIGATA	30	-	343	25	13	1	83	9
TOYAMA	6	-	141	9	1	1	14	3
ISHIKAWA	12	-	302	12	-	-	9	1
FUKUI	8	-	134	5	4	-	18	4
YAMANASHI	2	2	56	6	4	1	21	2
NAGANO	18	-	375	29	3	-	48	7
GIFU	2	-	102	15	3	-	18	5
SHIZUOKA	13	1	315	39	5	2	53	12
AICHI	44	3	911	53	17	3	96	14
MIE	23	2	392	19	-	2	19	6
SHIGA	5	-	113	8	2	1	13	3
KYOTO	17	1	326	34	9	-	189	9
OSAKA	9	1	265	36	4	-	86	15
HYOGO	20	2	509	42	7	-	53	13
NARA	2	-	95	6	-	-	5	2
WAKAYAMA	5	-	130	5	1	-	7	4
TOTTORI	1	1	94	10	-	-	8	4
SHIMANE	9	-	238	14	4	1	19	5
OKAYAMA	3	-	218	21	2	1	25	6
HIROSHIMA	22	-	296	25	2	-	40	10
YAMAGUCHI	8	-	372	37	2	2	31	12
TOKUSHIMA	7	-	151	7	-	-	10	3
KAGAWA	8	-	143	9	-	-	35	9
EHIME	23	2	523	59	8	-	37	7
KOCHI	9	-	184	14	5	2	42	14
FUKUOKA	39	1	1087	75	4	-	54	8
SAGA	8	-	480	41	2	-	22	3
NAGASAKI	10	1	353	40	2	-	30	10
KUMAMOTO	4	-	109	17	2	1	21	7
OITA	20	-	458	30	1	-	11	2
MIYAZAKI	9	-	323	22	54	6	152	15
KAGOSHIMA	9	-	354	49	87	3	171	9
TOTAL	614	34	15738	1444	398	47	2656	482

## RATES

Current	43.8	2.4	48.8	4.5	28.4	3.4	8.2	1.5
Previous	46.1	2.5			25.5	4.0		

Rates per 100,000 per annum



Weekly Report - 7 June 1947  
Continued

PREFECTURE	TYPHOID				PARATYPHOID			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	9	-	237	43	2	-	36	5
AOMORI	2	-	51	14	1	-	7	-
IWATE	4	1	54	10	1	-	10	-
MIYAGI	8	-	141	13	8	-	63	4
AKITA	5	2	42	5	3	-	9	1
YAMAGATA	5	-	113	28	4	-	37	1
FUKUSHIMA	9	-	166	14	2	-	24	4
IBARAKI	7	1	134	18	2	-	48	5
TOCHIGI	9	-	119	20	1	-	18	3
GUMMA	7	1	73	11	3	-	23	1
SAITAMA	6	-	148	13	1	-	16	4
CHIBA	3	1	130	11	1	1	37	2
TOKYO	26	6	427	52	10	1	183	9
KANAGAWA	NR	NR	232	31	NR	NR	35	2
NIIGATA	5	1	113	25	3	-	36	1
TOYAMA	8	-	100	12	2	-	20	-
ISHIKAWA	-	-	23	3	-	-	9	-
FUKUI	-	-	38	3	-	-	9	-
YAMANASHI	-	-	23	-	-	-	11	-
NAGANO	11	1	105	13	3	-	49	5
GIFU	3	-	120	15	1	-	35	1
SHIZUOKA	9	2	208	13	2	-	48	7
AICHI	24	3	230	23	18	-	63	1
MIE	21	6	326	23	-	-	33	3
SHIGA	1	-	29	4	-	-	4	-
KYOTO	8	-	116	17	-	-	23	2
OSAKA	16	-	130	18	-	-	161	3
HYOGO	11	1	183	33	-	-	12	1
NARA	-	-	36	6	1	-	5	-
WAKAYAMA	11	-	86	7	-	-	10	-
TOTTORI	3	-	56	4	-	-	8	-
SHIMANE	3	-	96	16	2	-	33	1
OKAYAMA	3	-	105	13	1	-	6	-
HIROSHIMA	16	1	234	21	8	-	52	3
YAMAGUCHI	-	-	53	6	-	-	10	-
TOKUSHIMA	6	-	73	10	-	-	6	2
KAGAWA	6	-	73	14	1	-	17	-
EHIME	2	-	53	8	1	-	4	-
KOCHI	14	1	154	19	-	-	13	-
FUKUOKA	6	-	145	13	1	-	29	2
SAGA	-	-	30	1	-	-	10	1
NAGASAKI	-	-	21	-	1	-	10	2
KUMAMOTO	1	1	34	4	1	-	9	-
OITA	5	-	21	-	-	-	5	-
MIYAZAKI	-	-	50	8	1	-	14	2
KAGOSHIMA	-	-	12	5	-	-	1	-

TOTAL	293	29	5143	640	86	2	1301	78
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RATE								
Current	20.9	2.1	15.9	2.0	6.1	0.1	4.0	0.2
Previous	24.0	2.7			5.8	0.6		

Rates per 100,000 per annum



Weekly Report - 7 June 1947  
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	2	31	6	1	-	45	6
AOMORI	-	-	-	-	-	-	2	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	5	2	15	3
AKITA	2	-	12	1	-	-	-	-
YAMAGATA	-	-	8	3	1	-	6	2
FUKUSHIMA	-	-	1	-	-	-	3	-
IBARAKI	-	-	21	1	1	-	32	3
TOCHIGI	-	-	23	2	-	-	6	2
GUMMA	-	-	3	-	-	-	4	3
SAITAMA	-	-	3	1	2	-	23	2
CHIBA	-	-	13	2	-	-	21	1
TOKYO	-	-	18	5	7	-	183	26
KANAGAWA	NR	NR	4	-	NR	NR	29	2
NIIGATA	-	-	2	-	-	-	11	1
TOYAMA	-	-	1	-	1	1	8	1
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	5	3
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	2	-	3	-	-	-	9	1
GIFU	-	-	-	-	-	-	26	-
SHIZUOKA	-	-	3	-	-	-	28	-
AICHI	-	-	7	-	6	1	152	3
MIE	-	-	3	-	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	1	-	-	-	6	-
OSAKA	-	-	10	2	4	-	40	-
HYOGO	2	-	34	3	-	-	1	1
NARA	-	-	1	-	-	-	2	-
WAKAYAMA	4	-	27	-	2	-	17	1
TOTTORI	-	-	1	-	-	-	4	-
SHIMANE	-	-	7	-	-	-	5	-
OKAYAMA	1	-	11	-	-	-	2	-
HIROSHIMA	-	-	3	1	-	-	1	-
YAMAGUCHI	-	-	5	-	-	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	3	-	-	-	25	4
EHIME	2	-	13	2	5	-	6	-
KOCHI	-	-	1	-	-	-	1	-
FUKUOKA	1	-	40	1	-	-	3	-
SAGA	-	-	5	1	-	-	1	-
NAGASAKI	-	-	2	-	-	-	7	-
KUMAMOTO	-	-	3	-	-	-	2	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	16	2	348	33	35	4	778	67
RATE								
Current	1.1	0.1	1.1	0.1	2.5	0.3	2.4	0.2
Previous	1.8	0.0			1.4	0.1		



Weekly Report - 7 June 1947  
Continued

[illegible]



Weekly Report - 7 June 1947  
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP B. ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	7	1	156	7	16	1	258	69	-	-	-	-
AOMORI	5	-	14	1	1	1	65	11	-	-	-	-
IWATE	1	-	14	3	1	-	43	15	-	-	-	-
MIYAGI	6	1	40	1	5	-	72	8	-	-	-	-
AKITA	1	-	17	1	3	-	64	30	-	-	-	-
YAMAGATA	1	-	17	-	1	1	48	13	-	-	-	-
FUKUSHIMA	1	-	25	1	3	1	106	23	-	-	-	-
IBARAKI	2	-	35	1	4	-	141	45	-	-	-	-
TOCHIGI	5	-	18	-	1	-	16	7	-	-	-	-
GUMMA	3	-	24	-	1	1	31	8	-	-	-	-
SAITAMA	1	-	23	-	-	-	52	20	-	-	-	-
CHIBA	-	-	16	-	4	1	47	16	-	-	-	-
TOKYO	9	2	244	6	7	9	508	199	-	-	-	-
KANAGAWA	NR	NR	57	-	NR	NR	49	13	NR	NR	-	-
NIIGATA	4	-	10	-	-	1	38	7	-	-	-	-
TOYAMA	-	-	9	-	2	-	13	-	-	-	-	-
ISHIKAWA	-	-	4	1	-	-	34	8	-	-	-	-
FUKUI	-	-	4	-	-	-	7	3	-	-	-	-
YAMANASHI	2	-	16	-	-	-	24	3	-	-	-	-
NAGANO	3	-	38	1	-	-	33	4	-	-	-	-
GIFU	3	-	12	-	-	-	15	3	-	-	-	-
SHIZUOKA	4	-	101	-	1	2	73	17	-	-	-	-
AICHI	5	-	56	1	2	-	20	3	-	-	-	-
MIE	1	-	23	-	-	-	18	1	-	-	-	-
SHIGA	-	-	17	-	1	1	18	6	-	-	-	-
KYOTO	3	-	98	2	1	-	46	9	-	-	-	-
OSAKA	-	-	29	-	-	-	78	14	-	-	-	-
HYOGO	2	-	31	-	-	-	43	14	-	-	-	-
NARA	-	-	6	-	-	-	4	-	-	-	-	-
WAKAYAMA	-	-	6	-	-	-	5	3	-	-	-	-
TOTTORI	-	-	5	-	2	1	19	6	-	-	-	-
SHIMANE	1	-	24	-	-	-	6	3	-	-	-	-
OKAYAMA	-	-	14	-	-	-	5	2	-	-	-	-
HIROSHIMA	-	-	9	1	4	2	46	13	1	-	2	1
YAMAGUCHI	-	-	9	-	2	-	26	5	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	7	3	-	-	-	-
KAGAWA	-	-	9	2	-	-	12	2	-	-	-	-
EHIME	-	-	12	-	-	-	18	11	-	-	-	1
KOCHI	-	-	4	-	2	1	14	5	-	-	-	-
FUKUOKA	1	-	10	1	3	1	54	35	-	-	-	-
SAGA	-	-	1	-	-	-	10	4	-	-	-	-
NAGASAKI	-	-	10	-	1	1	19	10	-	-	-	-
KUMAMOTO	-	-	3	-	1	-	24	5	-	-	-	-
OITA	-	-	-	-	1	-	8	1	-	-	-	-
MIYAZAKI	1	-	7	-	2	-	8	-	-	-	-	-
KAGOSHIMA	-	-	2	-	-	1	28	11	-	-	-	-
TOTAL	72	4	1282	30	72	26	2273	688	1	0	2	2

RATE												
Current	5.1	0.3	4.0	0.1	5.1	1.9	7.0	2.1	0.1	0.0	0.01	0.01
Previous	6.5	0.1			6.6	2.4			0.0	0.0		

Cumulative cases and deaths include all reported, beginning with the week ending 4 January through the current week for all diseases.

Rates per 100,000 per annum

Plague: 0



Weekly Report - 7 June 1947  
Continued

PREFECTURE	MEASLES	WHOOPING COUGH	TUBERCULOSIS
	Cases	Cases	Cases
HOKKAIDO	851	307	786
AOMORI	31	34	170
IWATE	40	66	73
MIYAGI	217	197	254
AKITA	62	34	186
YAMAGATA	118	72	199
FUKUSHIMA	346	86	275
IBARAKI	243	148	129
TOCHIGI	170	41	218
GUMMA	NR	NR	NR
SAITAMA	238	64	160
CHIBA	39	17	92
TOKYO	268	324	809
KANAGAWA	NR	NR	NR
NIIGATA	NR	NR	NR
TOYAMA	597	61	221
ISHIKAWA	106	34	81
FUKUI	356	263	140
YAMANASHI	NR	NR	NR
NAGANO	82	73	77
GIFU	NR	NR	NR
SHIZUOKA	425	204	243
AICHI	549	188	351
MIE	310	-	62
SHIGA	219	65	85
KYOTO	NR	NR	NR
OSAKA	531	214	601
HYOGO	717	239	387
NARA	37	5	1
WAKAYAMA	54	20	53
TOTTORI	60	28	110
SHIMANE	334	83	156
OKAYAMA	NR	NR	NR
HIROSHIMA	193	256	300
YAMAGUCHI	NR	NR	NR
TOKUSHIMA	123	153	165
KAGAWA	51	45	81
EHIME	353	307	224
KOCHI	77	58	71
FUKUOKA	710	367	568
SAGA	114	24	134
NAGASAKI	288	132	177
KUMAMOTO	176	77	111
OITA	143	75	159
MIYAZAKI	68	81	56
KAGOSHIMA	109	128	130
TOTAL	9405	4570	8095
RATE			
Current	670.8	325.9	577.3
Previous	729.3	388.3	617.1

Deaths not available

Rates per 100,000 per annum



Weekly Report - 7 June 1947  
Continued

PREFECTURE	PNEUMONIA	INFLUENZA
	Cases	Cases
HOKKAIDO	579	-
AOMORI	91	-
IWATE	88	7
MIYAGI	319	-
AKITA	69	-
YAMAGATA	93	-
FUKUSHIMA	229	-
IBARAKI	144	2
TOCHIGI	79	-
GUMMA	NR	NR
SAITAMA	132	-
CHIBA	17	-
TOKYO	171	31
KANAGAWA	NR	NR
NIIGATA	NR	NR
TOYAMA	157	3
ISHIKAWA	41	2
FUKUI	87	8
YAMANASHI	NR	NR
NAGANO	58	-
GIFU	NR	NR
SHIZUOKA	107	-
AICHI	245	-
MIE	109	-
SHIGA	59	-
KYOTO	NR	NR
OSAKA	191	2
HYOGO	148	1
NARA	16	-
WAKAYAMA	21	3
TOTTORI	41	-
SHIMANE	113	1
OKAYAMA	NR	NR
HIROSHIMA	90	3
YAMAGUCHI	NR	NR
TOKUSHIMA	78	-
KAGAWA	36	-
EHIME	131	-
KOCHI	43	-
FUKUOKA	248	-
SAGA	54	3
NAGASAKI	108	-
KUMAMOTO	59	1
OITA	77	13
MIYAZAKI	33	-
KAGOSHIMA	71	-
TOTAL	4432	80
RATE		
Current	316.1	5.7
Previous	378.6	10.6
Deaths not available		
Rates per 100,000 per annum		



WEEKLY SUMMARY REPORT  
OF  
VENEREAL DISEASES IN JAPAN

WEEK ENDING 7 JUNE 1947

(C) Current cases plus delayed reports  
(T) Total cases for year to date

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	32	616	200	3639	101	1929
AOMORI	10	147	70	881	25	569
IWATE	3	72	17	394	22	647
MIYAGI	17	160	90	1229	68	856
AKITA	-	117	20	793	21	581
YAMAGATA	7	100	38	738	42	777
FUKUSHIMA	7	183	106	1513	89	1189
IBARAKI	14	330	41	1153	51	1250
TOCHIGI	6	204	71	1535	91	1232
GUMMA	9	130	62	829	90	1005
SAITAMA	15	447	42	1630	28	1166
CHIBA	8	358	128	1685	46	1079
TOKYO	33	878	109	2973	105	2156
KANAGAWA	40	650	368	5103	166	2365
NIIGATA	7	181	66	1172	72	983
TOYAMA	4	202	86	1307	64	1014
ISHIKAWA	20	322	76	1729	43	1111
FUKUI	4	203	36	638	36	470
YAMANASHI	-	52	25	673	18	251
NAGANO	6	168	62	1616	59	1192
GIFU	12	347	87	1607	45	706
SHIZUOKA	20	315	89	1535	99	1596
AICHI	87	1692	426	6485	233	3478
MIE	43	657	63	1136	65	1067
SHIGA	23	482	37	781	42	666
KYOTO	69	884	230	3278	221	1651
OSAKA	99	2283	356	8261	308	7011
HYOGO	32	818	164	3437	178	3640
NARA	12	204	20	322	33	315
WAKAYAMA	23	488	84	1422	45	781
TOTTORI	8	180	64	1476	57	791
SHIMANE	1	100	16	775	15	738
OKAYAMA	52	727	113	2257	92	1409
HIROSHIMA	17	498	189	3357	84	1631
YAMAGUCHI	6	157	78	1480	75	955
TOKUSHIMA	2	57	36	516	28	563
KAGAWA	6	301	51	1127	43	625
EHIME	7	142	75	1424	71	1535
KOCHI	NR	156	NR	648	NR	605
FUKUOKA	54	1295	245	5360	122	2942
SAGA	8	179	94	1715	65	972
NAGASAKI	22	322	156	2732	66	1087
KUMAMOTO	16	169	94	1726	56	1138
OITA	14	428	71	1246	42	851
MIYAZAKI	1	43	33	761	16	486
KAGOSHIMA	-	77	62	1047	46	693
TOTAL	876	18521	4646	87141	3384	59754

RATE						
Current	62.5	57.4	331.4	270.2	241.3	185.3
Previous	57.1		325.6		218.2	

Rates per 100,000 per annum



NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative Number	
	7 June 1947	8 June 1946	7 June 1947	8 June 1946	for First 23 weeks 1947	1946
<b>Cases</b>						
Diphtheria	614	891	2599	3903	15738	25622
Dysentery	398	393	1188	1359	2656	2869
Typhoid	293	1045	1282	3780	5143	18868
Paratyphoid	86	215	330	778	1301	2859
Smallpox	16	303	70	1350	348	17138
Typhus Fever	35	853	106	3398	778	28351
Malaria	253	379	985	NA	4252	NA
Cholera	0	2	0	5	0	7
Scarlet Fever	72	56	381	201	1282	915
Epidemic Meningitis	72	44	388	201	2273	855
Jap.B. Encephalitis	1	2	1	NA	2	NA
Plague	0	0	0	0	0	0

<b>Deaths</b>						
Diphtheria	34	60	175	219	1444	2342
Dysentery	47	51	179	189	482	592
Typhoid	29	99	125	379	640	2422
Paratyphoid	2	13	18	33	78	153
Smallpox	2	51	3	358	33	2531
Typhus Fever	4	85	14	519	67	2449
Malaria	1	0	1	NA	14	NA
Cholera	0	3	0	3	0	3
Scarlet Fever	4	2	7	7	30	71
Epidemic Meningitis	26	15	137	56	688	211
Jap.B. Encephalitis	0	0	0	NA	2	NA
Plague	0	0	0	0	0	0

NA: Not Available

CASE AND DEATH RATES OF COMMUNICABLE DISEASES  
FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending		Four Weeks Ending		Cumulative Rate	
	7 June 1947	8 June 1946	7 June 1947	8 June 1946	for first 23 Weeks 1947	1946
<b>Case Rate</b>						
Diphtheria	43.8	63.5	46.3	69.6	48.8	79.5
Dysentery	28.4	28.0	21.2	24.2	8.2	8.9
Typhoid	20.9	74.5	22.9	67.4	15.9	58.5
Paratyphoid	6.1	15.3	5.9	13.9	4.0	8.9
Smallpox	1.1	21.6	1.2	24.1	1.1	53.1
Typhus Fever	2.5	60.8	1.9	60.6	2.4	87.9
Malaria	18.0	27.0	17.6	NA	13.2	NA
Cholera	0.0	0.1	0.0	0.1	0.0	0.02
Scarlet Fever	5.1	4.0	6.8	3.6	4.0	2.8
Epidemic Meningitis	5.1	3.1	6.9	3.6	7.0	2.7
Jap.B. Encephalitis	0.1	0.1	0.02	NA	0.01	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

<b>Death Rate</b>						
Diphtheria	2.4	4.3	3.1	3.9	4.5	7.3
Dysentery	3.4	3.6	3.2	3.4	1.5	1.8
Typhoid	2.1	7.1	2.2	6.8	2.0	7.5
Paratyphoid	0.1	0.9	0.3	0.6	0.2	0.5
Smallpox	0.1	3.6	0.1	6.4	0.1	7.8
Typhus Fever	0.3	6.1	0.2	9.3	0.2	7.6
Malaria	0.1	0.0	0.02	NA	0.04	NA
Cholera	0.0	0.2	0.0	0.1	0.0	0.01
Scarlet Fever	0.3	0.1	0.1	0.1	0.1	0.2
Epidemic Meningitis	1.9	1.1	2.4	1.0	2.1	0.7
Jap.B. Encephalitis	0.0	0.0	0.0	NA	0.01	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rates per 100,000 per annum